

Helen Stevens Memorial Pool Parent/Child Lessons Registration Form

Parent/Guardian Name (attending class)		Cell		Email		Date		
Address		City		Zip				
Emergency Contact if Parent is Unavailable		Relation to Child		Cell				
Child's Name	Age	Session 1 June 12-16	Session 2 June 19-23	Session 3 June 26-30	Session 4 July 10-14	Session 5 July 17-21	Session 6 July 24-28	Cost
		Morning OR Evening	Morning OR Evening	Morning OR Evening	Morning OR Evening	Morning OR Evening	Morning OR Evening	
		Morning OR Evening	Morning OR Evening	Morning OR Evening	Morning OR Evening	Morning OR Evening	Morning OR Evening	
		Morning OR Evening	Morning OR Evening	Morning OR Evening	Morning OR Evening	Morning OR Evening	Morning OR Evening	
		Morning OR Evening	Morning OR Evening	Morning OR Evening	Morning OR Evening	Morning OR Evening	Morning OR Evening	
Total Cost								
Check #/Cash								
Date Paid								

Do you give permission to the Village of Cass City to use photos of you and your child/children for program promotion and the Village website? Please circle one: Yes OR No

Parent/Guardian Signature _____ Date _____

Village of Cass City
Helen Stevens Memorial Pool
2023 Emergency Medical Form

Parent/Guardian Name _____ Cell _____

Address _____ City _____ Zip _____

Emergency Contact _____ Cell _____

1st Child's Name _____ Age _____ Gender _____

1. Has this child had any serious illness, injury, or operation? If yes, please give dates and explanation.

2. Will this child be taking any medication? If yes, please indicate type and effects on child.

3. Does this child have a physical or mental disability about which the instructor needs to be aware of for instructional modifications or emergency purposes? If yes, please explain.

2nd Child's Name _____ Age _____ Gender _____

1. Has this child had any serious illness, injury, or operation? If yes, please give dates and explanation.

2. Will this child be taking any medication? If yes, please indicate type and effects on child.

3. Does this child have a physical or mental disability about which the instructor needs to be aware of for instructional modifications or emergency purposes? If yes, please explain.

3rd Child's Name _____ Age _____ Gender _____

1. Has this child had any serious illness, injury, or operation? If yes, please give dates and explanation.

2. Will this child be taking any medication? If yes, please indicate type and effects on child.

3. Does this child have a physical or mental disability about which the instructor needs to be aware of for instructional modifications or emergency purposes? If yes, please explain.

